

**UNIFORM HANDLING  
EXEMPTION REQUEST  
July 1, 2015 - June 30, 2016**



**\*\*All Fees are subject to change effective July 1<sup>st</sup>\*\***

**Uniform Handling Exemptions will be granted to applicants that provide three (3) sets of four (4) consecutive weekly disposal receipts that are associated with the parcel you applying for, from an approved County owned landfill/transfer station.**

**REQUIRED INFORMATION**

Date: \_\_\_\_\_ Assessor's Parcel Number (APN): \_\_\_\_\_

A. Name, Address of property for which the exemption is requested:

First Name	Last Name	Address	City	Zip Code
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B. Mailing address and telephone number of person requesting exemption:

Address	City	Zip Code	Telephone #
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C. Property Owner's Name and Mailing Address (if different):

Name	Address	City	Zip Code
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D. Check the applicable option below:

- \_\_\_\_\_ I currently own the premises identified in section "A" above.  
 \_\_\_\_\_ I currently rent the premises identified in section "A" above.

E. Check the applicable option below:

- \_\_\_\_\_ 1<sup>st</sup> time Application  
 \_\_\_\_\_ Renewal Application

**Required Documents:**

**The following documents are the only acceptable documents. Any missing documents will be cause for denial.**

**Mountain Residents**

- \* \$15 non-refundable application fee (see below)
- \* 3 sets of 4 consecutive weekly disposal receipts from prior fiscal year

**Valley Residents**

- \* \$15 non-refundable application fee (see below)
- \* \$85.14 for pre-paid disposal card (see below)
- \* 3 sets of 4 consecutive weekly disposal receipts from prior fiscal year

**A TOTAL OF TWELVE (12) DISPOSAL RECEIPTS**

Note: The exemption is only effective through June of 2016 and it is the responsibility of the property owner to obtain an application and re-apply each year.

**All Applicants:** A non-refundable application fee of \$15 in the form of a check or money order (no cash) payable to San Bernardino County must be included with this application. In addition to the fee and documentation required above, for exemptions to be issued to residents residing in the Valley Region (unincorporated areas of Upland, Chino, Fontana, San Bernardino, Muscoy, Mentone, Colton, Rialto, etc.) residents are required to pre-pay the disposal fee of \$85.14 in order to receive a pre-paid disposal card that will allow the resident to dispose of household trash at a County owned landfill or transfer station. For information on the landfill/transfer station nearest to your residence, call 1-800-722-8004. (For residents of the Mountain Region, the disposal fee is collected on the annual property tax bill, and therefore these residents are not required to pre-pay the disposal fee.)

*I understand that San Bernardino County Code Section 33.0805 Refuse Removal requires that all waste, which contains Garbage produced or accumulated in or about a residence, shall be removed from the premises at least once every seven (7) days to an approved Solid Waste Facility. In addition, I understand that all exemptions are conditional and that County Code Enforcement Officers may inspect my property to ensure proper visual and sanitary storage of trash or, if applicable, to ensure that my property is vacant. I also understand that valid complaints from my neighbors regarding the storage of trash on my property will result in the immediate loss of my exemption status. I certify under penalty of perjury that all waste from the premises will be properly handled and disposed of as required above. I understand that as a condition of the continuation of this exemption, my representative or I must obtain an application and re-apply prior to July 1, 2016. I understand that, should it be approved, the County, for good cause, may revoke the exemption.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE: YOU MUST SIGN ABOVE IN ORDER TO RECEIVE AN EXEMPTION!  
WHEN COMPLETED, MAIL TO:**

County of San Bernardino  
SOLID WASTE MANAGEMENT DIVISION  
222 West Hospitality Lane, 2<sup>nd</sup> Floor  
San Bernardino, CA 92415-0017  
ATTENTION: UNIFORM HANDLING EXEMPTIONS

**PLEASE MAKE CHECKS PAYABLE TO:  
COUNTY OF SAN BERNARDINO**

**OFFICE USE ONLY**

EXEMPTION HAULER DATE: \_\_\_\_\_

EXEMPTION EFFECTIVE DATE: \_\_\_\_\_

☐ APPROVED    ☐ NOT APPROVED

IF NO, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EXEMPTION QUALIFICATION    ☐ RECEIPT PROGRAM    ☐ OTHER

IF OTHER, PLEASE EXPLAIN \_\_\_\_\_

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